

Weekly Facility/Hazardous Waste Inspection Checklist

Inspection for the week of _____

Hazardous Waste Accumulation Area

* **All drums and containers are in good condition.**

drums/containers **not** in good condition _____. Corrective action _____. Date Completed _____.

* **No drums are leaking.**

drums **leaking** _____. Corrective action _____. Date Completed _____.

* **All containers are closed.**

containers **unclosed** _____. Corrective action _____. Date Completed _____.

* **All drums and containers are marked with a hazardous waste label.**

of **unmarked** drums/containers _____. Corrective action _____. Date Completed _____.

* **All drums and containers are marked with a risk label, if appropriate.**

of **unmarked** drums/containers _____. Corrective action _____. Date Completed _____.

* **All drums are marked with the accumulation start date.**

of **unmarked** drums/containers _____. Corrective action _____. Date Completed _____.

* **All drum labels are clearly visible and readable.**

drums/container labels **not** visible and readable _____. Corrective action _____. Date Completed _____.

* **Are there any drums that are near or have exceeded the 90/180 day timeframe?**

How Many? _____ Corrective action _____. Date Completed _____.

* **There is 30 inches of aisle space between rows of containers.**

of container rows with less than 30" of aisle space _____. Corrective action _____. Date Completed _____.

* **Secondary containment devices are dry and free of cracks or other failures.**

No _____. Corrective Action _____. Date Completed _____.

Hazardous Waste Satellite Accumulation Area #1

*** The drum/container is in good condition.**

drum/container **not** in good condition____. Corrective action____.Date Completed_____.

*** The drum/container does not appear to be leaking.**

drum/container **leaking** _____. Corrective action_____.Date Completed_____.

*** The drum/container is closed.**

container **unclosed** _____. Corrective action_____.Date Completed_____.

*** The drum/container is marked with a hazardous waste label.**

unmarked drum/container____. Corrective action_____.Date Completed_____.

*** The drum/container is marked with a risk label, if appropriate.**

unmarked drum/container____. Corrective action_____.Date Completed_____.

Hazardous Waste Satellite Accumulation Area #2

*** The drum/container is in good condition.**

drum/container **not** in good condition____. Corrective action____.Date Completed_____.

*** The drum/container does not appear to be leaking.**

drum/container **leaking** _____. Corrective action_____.Date Completed_____.

*** The drum/container is closed.**

container **unclosed** _____. Corrective action_____.Date Completed_____.

*** The drum/container is marked with a hazardous waste label.**

unmarked drum/container____. Corrective action_____.Date Completed_____.

*** The drum/container is marked with a risk label, if appropriate.**

unmarked drum/container _____. Corrective action _____. Date Completed _____.

Non-hazardous Solid Waste Collection and Disposal

*** Outside storage yards/areas should be swept of dirt, debris and trash at least weekly.**

Date of last sweeping _____. Corrective Action _____. Date Completed _____.

*** Non-hazardous debris and trash should be disposed of weekly.**

Date of last disposal _____. Corrective Action _____. Date Completed _____.

Surface Water/Ground Water Quality

*** Contamination, spills and leaks in outside yards/areas must be absorbed and cleaned as soon as possible following the event.**

Date of most recent event _____. Corrective Action _____. Date Completed _____.

*** Catch basin collection devices are to be removed and cleaned, or replaced on a periodic basis, or as needed.**

Date of removal/replacement/cleaning _____. Locations _____.

Corrective Actions _____. Date Completed _____.

Sumps

*** Sumps must be clean and free of contamination, spills, leaks, and standing water.**

sumps not clean or free of contamination, spills, leaks or standing water _____.

Corrective action _____. Date Completed _____.

Safety Equipment

*** Fire extinguishers must be charged.**

Date of most recent charge____. Corrective Action _____. Date Completed_____.

*** Spill Kits are appropriately stocked.**

Spill kit inventory inspection date____. Corrective Action _____. Date Completed_____.

*** First aid cabinets are appropriately stocked**

First aid cabinet inventory inspection date____. Corrective Action _____. Date Completed_____.

*** Emergency shower and eye wash station is functioning properly.**

Station inspection date____. Corrective Action _____. Date Completed_____.

*** Appropriate emergency communications are operating properly**

Inspection date____. Corrective Action _____. Date Completed_____.

*** Emergency response information is posted near all communication devices.**

Inspection date____. Corrective Action _____. Date Completed_____.

Comments: Describe the actions that you took to correct any deficiencies for items/areas not specifically noted above, and the date the actions were taken.

Printed Name _____ Signature _____

Date _____ Time _____